Attorney Docket No. 1381-0305P

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## PLEASE NOTE: FOLLOWING MAR 2 4 2004

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name;

| RADEMAY   | that I verily believe the inventor (if plural invinvention entitled:  | at I am the origi<br>entors are nam   | nal, first and sole invento<br>led below) of the subject  | r (if only one inve<br>matter which is   | entor is named below<br>claimed and for wh  | w) or an original, I<br>hich a patent is s   | first and joint<br>ought on the  |  |  |
|---|---|---|---|--|---|--|--|--|--|
| Insert Title:                                     | METHOD FOR REPAY  | MENT OF ELE   | EVATOR INVESTMENT C   | COSTS  |   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
| Fill in Appropriate                               |   |   | nereto. If not attached here  | eto, the application   | n is identified by the  | attorney docket r  | number as set  |  |  |
|   | forth above and/or the following:   |   |   |  |   |  |  |  |  |
| Information -                                     | The specification was filed on December 24, 2003 as   |   |   |  |   |  |  |  |  |
| For Use Without                                   | United States Application Number (if applicable) and amended on December 24, 2003 (if applicable) and/o   |   |   |  |   |  | <i></i>  |  |  |
| Specification                                     | and amended on  | December 24, 20   | JU3   |  |   | (if applicable)  | and/or   |  |  |
| Attached:   | the specification v   | vas nied on   | er  |  |   | as rCI   |  |  |  |
|   | amended on  | (if applicable)   |   |  |   |  |  |  |  |
|   | I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal  |   |   |  |   |  |  |  |  |
|   | thereof, or patented or year prior to this application date of this application representative or assignatent or inventor's ceapplication by me or not hereby claim for or inventor's certificate a filing date before tha  | r described in a ication, that the in, that the inverse in any cours more than trificate on this by legal represereign priority be listed below at tof the applicat | the same was ever known by printed publication in a same was not in public ntion has not been paten hary foreign to the Units welve months (six month invention has been filed natives or assigns, except enefits under Title 35, Und have also identified belion on which priority is cl | any country before use or on sale in ted or made the set of Amens for designs) pring any country for as follows. The states Code, low any foreign as | ore my or our inver<br>the United States o<br>ubject of an invento<br>erica on an applica<br>ior to this applicatio<br>preign to the United | ntion thereof or more to famerica more to famerica more to first entition filed by me on, and that no a States of America oreign application to rinventor's cert | ore than one han one year ed before the or my legal pplication for a prior to this u(s) for patent ifficate having |  |  |
| To a contribution                                 | Prior Foreign Appli   | cation(s)   |   |  |   | Priority C   | Jaimed   |  |  |
| Insert Priority Information:                      | 20011393  | Finland_  |   | June 28, 200   | 01 <u>·</u>   | $\boxtimes$  |  |  |  |
| (if appropriate)                                  | (Number)  | (Country)   |   | (Month/Day/  | Year Filed)   | Yes  | No   |  |  |
| (in appropriate)                                  | (Ivanioer)  | (Country)   |   | (Mondy Day)  | rear rinea,   | 165  |  |  |  |
|   | (Number)  | (Country)   |   | (Month/Day/  | Year Filed)   | ☐<br>Yes   | □<br>No  |  |  |
|   | (Number)  | (Country)   |   | (Month/Day/  | Year Filed)   | ☐<br>Yes   | □<br>No  |  |  |
|   | (Number)  | (Country)   |   | (Month/Day/  | Year Filed)   | ☐<br>Yes   | □<br>No  |  |  |
|   | I hereby claim the bend   | efit under Title  | 35, United States Code, §1  | 19(e) of any Unite   | ed States provisional   | applications(s) lis  | sted below.  |  |  |
| Insert Provisional<br>Application(s):<br>(if any) | (Application Number)  |   |   | (Filing Date)  |   |  |  |  |  |
|   | (Application Number)  |   |   | (Filing Date)  |   |  |  |  |  |
|   | All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:   |   |   |  |   |  |  |  |  |
| Insert Requested Information: (if appropriate)    | Country   |   | Application Number  |  | Date of Filing (Mon   | th/Day/Year)   |  |  |  |
| (   | I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |   |   |  |   |  |  |  |  |
| Insert Prior U.S.                                 | PCT/FI02/00507  |   | June 11, 2002   |  | Pending   |  |  |  |  |
| Application(s):<br>(if any)                       | (Application Number)  |   | (Filing Date)   |  | (Status - patented, p   | pending, abandon   | ed)  |  |  |
| Page 1 of 2<br>(Rev. 07/2003)                     | (Application Number)  |   | (Filing Date)   |  | (Status - patented, p   | pending, abandon   | ed)  |  |  |

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| or Sole Inventor:<br>Sert Name of   | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   |             | DATE*      |  |  |  |  |  |
|---|---|--|-------------|------------|--|--|--|--|--|
| ull Name of First or Sole Inventor; spert Name of Inventor → spert Date This Document is Signed | Simo MAKIMATTILA  | S = 1244   |             | 29.01.2004 |  |  |  |  |  |
| sert Residence  | Residence (City, State & Country)   |  | CITIZENSHIP | )          |  |  |  |  |  |
| sert Citizenship →  | Espoo FINLAND   | Finnish  |             |            |  |  |  |  |  |
| nsert Post Office<br>Address →  | MAILING ADDRESS (Complete Street Address including City, State & Country)   |  |             |            |  |  |  |  |  |
|   | Jupperinmetsa 11 A, FIN-02730 Espoo FINLAND   |  |             |            |  |  |  |  |  |
| ull Name of Serond<br>Inventor, if any:<br>see above  | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   |             | DATE*      |  |  |  |  |  |
|   | Residence (City, State & Country)   |  | CITIZENSHIF |            |  |  |  |  |  |
|   | MAILING ADDRESS (Complete Street Address  | including City, State & Country)   |             |            |  |  |  |  |  |
| ull Name of Third<br>Inventor, if any:<br>see above   | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   |             | DATE*      |  |  |  |  |  |
|   | Residence (City, State & Country)   |  | CITIZENSHIP | )          |  |  |  |  |  |
|   | MAILING ADDRESS (Complete Street Address  | including City, State & Country)   | -           |            |  |  |  |  |  |
|   |   |  |             |            |  |  |  |  |  |
| ull Name of Fourth<br>Inventor, if any:<br>see above  | GIVEN NAME/FAMILY NAME  | INVENTOR'S SIGNATURE   |             | DATE*      |  |  |  |  |  |
| Inventor, if any:   | GIVEN NAME/FAMILY NAME  Residence (City, State & Country)   | INVENTOR'S SIGNATURE   | CITIZENSHIR |            |  |  |  |  |  |
| Inventor, if any:   |   |  | CITIZENSHIF |            |  |  |  |  |  |
| Inventor, if any:   | Residence (City, State & Country)   |  | CITIZENSHIF |            |  |  |  |  |  |
| Inventor, if any: see above  ull Name of Fifth Inventor, if any:                                | Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address   | s including City, State & Country)   | CITIZENSHIF | DATE*      |  |  |  |  |  |
| Inventor, if any: see above  ull Name of Fifth Inventor, if any:                                | Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address  GIVEN NAME/FAMILY NAME   | including City, State & Country)  INVENTOR'S SIGNATURE  .                                  |             | DATE*      |  |  |  |  |  |
| Inventor, if any: see above  ull Name of Fifth Inventor, if any:                                | Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME  Residence (City, State & Country)   | including City, State & Country)  INVENTOR'S SIGNATURE  .                                  |             | DATE*      |  |  |  |  |  |
| Inventor, if any: see above  ull Name of Fifth Inventor, if any: see above                      | Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address GIVEN NAME/FAMILY NAME  Residence (City, State & Country)  MAILING ADDRESS (Complete Street Address | including City, State & Country)  INVENTOR'S SIGNATURE . sincluding City, State & Country) |             | DATE*      |  |  |  |  |  |